



**Indiana**  
**Department**  
**of**  
**Health**

## INDIANA PATIENT REGISTRY TRAINING

PRE-HOSPITAL

# Pre-Hospital Screen

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	NTDB Preexisting/Hosp.	Events	Complications / PI	Outcome
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lit Incident » Trauma Incident Form (Full Record with ICD-10) » Pre-Hospital » IT-200417-013 | 79808240 COMPLETED

Validity: 75%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 04/17/2020 by Chitazom Chukwueumeka  
Updated: 10/21/2020 by ImageTrend System

Registry #: IT-200417-013  
Patient: ,  
Medical Record Number: 79808240  
NTDB Inclusion: No  
State Inclusion: No

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**Arrived From**

Arrived From: Not Applicable  
Inter-Facility Transfer: No  
Transported To Your Facility By: EMS

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**Assessment at Scene**

Mass Casualty Incident: Not Applicable  
Estimated Body Weight: 199.00 lbs 90.26 kg  
Vehicular Injury Indicators: - Vehicular Injury Indicators -  
Dash Deformity  
DOA Same Vehicle  
Ejection  
Fire  
Seat Row Location:  
Height of Fall in Feet:  
Pregnancy: Not Applicable  
Law Enforcement/Crash Report Number:  
Area of the Vehicle Impacted: - Area of the Vehicle Impacted -  
Center Front  
Center Rear  
Left Front  
Left Rear  
Position of Patient: Not Applicable  
Trauma Triage Criteria (Steps 3 and 4):  
Auto v. pedestrian/bicyclist thrown, run over, or > 20 MPH impact  
Burns  
Burns with Trauma  
Crash death in same passenger compartment  
Crash ejection (partial or complete) from automobile

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**Equipment**

Safety Device Used: Available  
Airbag Present  
Child Car Restraint (booster seat or child car  
Eye Protection  
Hard Hat  
Helmet (e.g., bicycle, skiing, motorcycle)  
Lap Belt  
Selected  
None

# Pre-Hospital Screen – Arrived From

Demographics | Injury | **Pre-Hospital** | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | NTDB Preexisting/Hosp. | Events | Complications / PI | Outcome

lit Incident » Trauma Incident Form (Full Record with ICD-10) » Pre-Hospital » IT-200417-013 | 79808240 COMPLETED

Validity: 75%  
Status: Completed  
Lock: Unlocked  
Import Status: Typed In  
Entered: 04/17/2020 by Chinazom Chukwuemeka  
Updated: 10/21/2020 by ImageTrend System

Registry #: IT-200417-013  
Patient: ,  
Medical Record Number: 79808240  
NTDB Inclusion: No  
State Inclusion: No

### Arrived From

Arrived From:  Transported To Your Facility By:  \*

Inter-Facility Transfer: No \*

### Assessment at Scene

Mass Casualty Incident:

Estimated Body Weight:  lbs  kg \*

Vehicle Injury Indicators:

Seat Row Location:

Height of Fall in Feet:

Pregnancy:

Law Enforcement/Crash Report Number:

Area of the Vehicle Impacted:

Position of Patient:

Trauma Triage Criteria (Steps 3 and 4):

### Equipment

Safety Device Used: Available

Selected

# Pre-Hospital Screen – Assessment at Scene

### Assessment at Scene

**Mass Casualty Incident**

**Estimated Body Weight:**  lbs  Kg \*

**Vehicular Injury Indicators**   
DOA Same Vehicle  
Ejection  
Fire  
Rollover/Roof Deformity

**Seat Row Location**

**Height of Fall**  Feet

**Pregnancy**

**Law Enforcement/Crash Report Number**

**Area of the Vehicle Impacted**   
Center Rear  
Left Front  
Left Rear  
Left Side

**Position of Patient**

**Vehicular, pedestrian, other risk injury:**   
Burns  
Burns with Trauma  
Crash death in same passenger compartment  
Crash ejection (partial or complete) from automobile \*

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### Equipment

**Airbag Present:**  \*

**Child Restraint**  \*

**Three Point Restraint**  \*

**Lap Belt:**  \*

**Shoulder Belt:**  \*

**Personal Floatation:**  \*

**Eye Protection**  \*

**Helmet:**  \*

**Protective Clothing:**  \*

**Protective Non-Clothing Gear:**  \*

**Other:**  \*

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### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number <input type="text"/>	EMS PCR Number <input type="text"/>	Service <input type="text" value="Favorites"/>									
<small>EMS Dispatch Date</small> <input type="text"/>	<small>Time</small> <input type="text"/>	<small>En Route Time</small> <input type="text"/>	<small>Arrival Time at Scene</small> <input type="text"/>	<small>Patient Contact Date</small> <input type="text"/>	<small>Time</small> <input type="text"/>	<small>Unit Departure Time</small> <input type="text"/>	<small>Unit Arrived Hospital Time</small> <input type="text"/>				

# Pre-Hospital Screen – Assessment at Scene (2)

### Assessment at Scene

**Mass Casualty Incident:**

**Estimated Body Weight:**  lbs  Kg \*

**Vehicular Injury Indicators:**

**Seat Row Location:**

**Height of Fall:**  Feet

**Pregnancy:**

**Law Enforcement/Crash Report Number:**

**Area of the Vehicle Impacted:**

**Position of Patient:**

**Vehicular, pedestrian, other risk injury:**

### Equipment

**Airbag Present:**  \*

**Personal Floatation:**  \*

**Other:**  \*

**Child Restraint:**  \*

**Eye Protection:**  \*

**Three Point Restraint:**  \*

**Helmet:**  \*

**Lap Belt:**  \*

**Protective Clothing:**  \*

**Shoulder Belt:**  \*

**Protective Non-Clothing Gear:**  \*

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode		
No EMS Runs Have Been Entered													
Run Number	<input type="text"/>	EMS PCR Number	<input type="text"/>	Service	<input type="text" value="Favorites"/>	<input type="text" value="-- Select Service --"/>							
EMS Dispatch Date	<input type="text"/>	Time	<input type="text"/>	En Route Time	<input type="text"/>	Arrival Time at Scene	<input type="text"/>	Time	<input type="text"/>	Unit Departure Time	<input type="text"/>	Unit Arrived Hospital Time	<input type="text"/>

# Pre-Hospital Screen – Assessment at Scene (3)

### Assessment at Scene

**Mass Casualty Incident**

**Estimated Body Weight:**  lbs  Kg \*

**Vehicular Injury Indicators**

**Seat Row Location**

**Height of Fall**  Feet

**Pregnancy**

**Law Enforcement/Crash Report Number**

**Area of the Vehicle Impacted**

**Position of Patient**

**Vehicular, pedestrian, other risk injury:**

### Equipment

**Airbag Present:**  \*

**Personal Floatation:**  \*

**Other:**  \*

**Child Restraint:**  \*

**Eye Protection:**  \*

**Three Point Restraint:**  \*

**Helmet:**  \*

**Lap Belt:**  \*

**Protective Clothing:**  \*

**Shoulder Belt:**  \*

**Protective Non-Clothing Gear:**  \*

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode		
No EMS Runs Have Been Entered													
Run Number	<input type="text"/>	EMS PCR Number	<input type="text"/>	Service	<input type="text" value="Favorites"/>	<input type="text" value="-- Select Service --"/>							
EMS Dispatch Date	<input type="text"/>	Time	<input type="text"/>	En Route Time	<input type="text"/>	Arrival Time at Scene	<input type="text"/>	Time	<input type="text"/>	Unit Departure Time	<input type="text"/>	Unit Arrived Hospital Time	<input type="text"/>

# Pre-Hospital Screen – Assessment at Scene (4)

### Assessment at Scene

**Mass Casualty Incident**

**Estimated Body Weight:**  lbs  Kg \*

**Vehicular Injury Indicators**

**Seat Row Location**

**Height of Fall**  Feet

**Pregnancy**

**Law Enforcement/ Crash Report Number**

**Area of the Vehicle Impacted**

**Position of Patient**

**Vehicular, pedestrian, other risk injury:**

### Equipment

**Airbag Present:**  \*

**Personal Floatation:**  \*

**Other:**  \*

**Child Restraint:**  \*

**Eye Protection:**  \*

**Three Point Restraint:**  \*

**Helmet:**  \*

**Lap Belt:**  \*

**Protective Clothing:**  \*

**Shoulder Belt:**  \*

**Protective Non-Clothing Gear:**  \*

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
Run Number <input type="text"/>	EMS PCR Number <input type="text"/>	Service <input type="text" value="Favorites"/>									
EMS Dispatch Date <input type="text"/>	Time <input type="text"/>	En Route Time <input type="text"/>	Arrival Time at Scene <input type="text"/>	Patient Contact Date <input type="text"/>	Time <input type="text"/>	Unit Departure Time <input type="text"/>	Unit Arrived Hospital Time <input type="text"/>				

# Pre-Hospital Screen – Equipment

### Equipment

Airbag Present:  \*   
 Child Restraint:  \*   
 Three Point Restraint:  \*   
 Lap Belt:  \*   
 Shoulder Belt:  \*

Personal Floatation:  \*   
 Eye Protection:  \*   
 Helmet:  \*   
 Protective Clothing:  \*   
 Protective Non-Clothing Gear:  \*

Other:  \*

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
No EMS Runs Have Been Entered											
<input type="text" value="Run Number"/>	<input type="text" value="EMS PCR Number"/>	Service: <input type="text" value="Favorites"/> -- Select Service --									
<input type="text" value="EMS Dispatch Date"/>	<input type="text" value="Time"/>	<input type="text" value="En Route Time"/>	<input type="text" value="Arrival Time at Scene"/>	<input type="text" value="Patient Contact Date"/>	<input type="text" value="Time"/>	<input type="text" value="Unit Departure Time"/>	<input type="text" value="Unit Arrived Hospital Time"/>				
Triage Destination Protocol: <input type="text" value="-Select-"/>			Triage Criteria: <input type="text" value="-Select-"/> Age 60 Amputation, proximal to wrist or ankle Burns > 10%, or face/airway/hand/feet/genitalia Ejection from vehicle								
Transport Mode: <input type="text" value="Not Applicable"/> *	Tube Thoracostomy: <input type="text" value="Not Applicable"/>	CPR Performed: <input type="text" value="Not Applicable"/>	Pre Hospital Cardiac Arrest: <input type="text" value="Not determined/Unknown"/>								
Needle Thoracostomy: <input type="text" value="Not Applicable"/>	Airway Management: <input type="text" value="Not Performed"/>	Fluids: <input type="text" value="Not Applicable"/>	Destination Determination: <input type="text" value="Not Applicable"/>								
EMS Status: <input type="text" value="Not Applicable"/>	Medications: <input type="text" value=""/>										
<input type="button" value="Add Medication"/>											
<input type="button" value="Add EMS Run"/> <input type="button" value="Search EMS Run"/>											

\* Please Click On To Add/Edit PreHospital Vitals  
 \* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \*  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date

Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol: -Select-

Triage Criteria: -Select-   
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable  \*  
Needle Thoracostomy: Not Applicable   
EMS Status: Not Applicable

Tube Thoracostomy: Not Applicable   
Airway Management: Not Performed   
Medications:

CPR Performed: Not Applicable   
Fluids: Not Applicable

Pre Hospital Cardiac Arrest: Not determined/Unknown   
Destination Determination: Not Applicable

\* Please Click On  To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (2)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \*  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date

Triage Destination Protocol: -Select-  Triage Criteria: -Select-  
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable  \* Tube Thoracostomy: Not Applicable  CPR Performed: Not Applicable  Pre Hospital Cardiac Arrest: Not determined/Unknown   
Needle Thoracostomy: Not Applicable  Airway Management: Not Performed  Fluids: Not Applicable  Destination Determination: Not Applicable   
EMS Status: Not Applicable  Medications:

\* Please Click On To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (3)

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \*  \* En Route Time  Arrival Time at Scene  \*  \* Patient Contact Date

Triage Destination Protocol: -Select-  Triage Criteria: -Select-   
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable  \*  
Needle Thoracostomy: Not Applicable   
EMS Status: Not Applicable

Tube Thoracostomy: Not Applicable   
Airway Management: Not Performed   
Medications:

CPR Performed: Not Applicable   
Fluids: Not Applicable

Pre Hospital Cardiac Arrest: Not determined/Unknown   
Destination Determination: Not Applicable

\* Please Click On  To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – EMS Lookup

**EMS Lookup**

Country: United States ▼  
State: All States ▼  
County: All Counties ▼  
City:   
Postal Code:   
Service Name: begins with ▼   
Agency ID: begins with ▼

State	City	Agency ID	Service Name
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# Pre-Hospital Screen – Arrival Information (4)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date   \* En Route Time  Arrival Time at Scene  \* Patient Contact Date   Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol: -Select- Triage Criteria: -Select-  
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable \* Tube Thoracostomy: Not Applicable CPR Performed: Not Applicable Pre Hospital Cardiac Arrest: Not determined/Unknown  
Needle Thoracostomy: Not Applicable Airway Management: Not Performed Fluids: Not Applicable Destination Determination: Not Applicable  
EMS Status: Not Applicable Medications:

\* Please Click On To Add/Edit Pre-Hospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (5)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites ▼ -- Select Service -- ▼

EMS Dispatch Date  \*  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date

Triage Destination Protocol:  Triage Criteria:

Transport Mode:  \* Tube Thoracostomy:  CPR Performed:  Pre Hospital Cardiac Arrest:

Needle Thoracostomy:  Airway Management:  Fluids:  Destination Determination:

EMS Status:  Medications:

\* Please Click On To Add/Edit Pre-Hospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (6)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \*  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date  Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol: -Select-  Triage Criteria: -Select-   
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable  \* Tube Thoracostomy: Not Applicable   
Needle Thoracostomy: Not Applicable  Airway Management: Not Performed   
CPR Performed: Not Applicable  Pre Hospital Cardiac Arrest: Not determined/Unknown   
EMS Status: Not Applicable  Medications:    
Fluids: Not Applicable  Destination Determination: Not Applicable

\* Please Click On  To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (7)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
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No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \*  \* Time  En Route Time  Arrival Time at Scene  \* Patient Contact Date   Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol:  Triage Criteria:   
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode:  \* Tube Thoracostomy:  CPR Performed:  Pre Hospital Cardiac Arrest:

Needle Thoracostomy:  Airway Management:  Fluids:  Destination Determination:

EMS Status:  Medications:

\* Please Click On  To Add/Edit Pre-Hospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (8)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date

Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol: --Select-- Triage Criteria: --Select--  
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable \* Tube Thoracostomy: Not Applicable CPR Performed: Not Applicable Pre Hospital Cardiac Arrest: Not determined/Unknown  
Needle Thoracostomy: Not Applicable Airway Management: Not Performed Fluids: Not Applicable Destination Determination: Not Applicable  
EMS Status: Not Applicable Medications:

\* Please Click On  To Add/Edit Pre-Hospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (g)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date  Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol:  Triage Criteria:   
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode:  \* Tube Thoracostomy:  CPR Performed:  Pre Hospital Cardiac Arrest:

Needle Thoracostomy:  Airway Management:  Fluids:  Destination Determination:

EMS Status:  Medications:

\* Please Click On  To Add/Edit Pre-Hospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (10)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date

Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol:

Triage Criteria:   
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode:  \*  
Needle Thoracostomy:   
EMS Status:

Tube Thoracostomy:   
Airway Management:   
Medications:

CPR Performed:   
Fluids:

Pre Hospital Cardiac Arrest:   
Destination Determination:

\* Please Click On  To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Medications

**Add Drugs**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Search:

Description		
<input type="checkbox"/> Calcium Gluconate	<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/> Oxygen
<input type="checkbox"/> CT contrast	<input type="checkbox"/> Dextrose (Glucose)	<input type="checkbox"/> Packed Red Blood Cells
<input type="checkbox"/> Hypertonic Solution	<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Pancuronium
<input type="checkbox"/> Ketamine	<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Paxil (Paroxetine)
<input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Other Antibiotic (instead of antibiotic)	<input type="checkbox"/> Dopamine	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Other Antihypertensive	<input type="checkbox"/> Epinephrine (aqueous)	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Other Antiseizure	<input type="checkbox"/> Etomidate	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Other Benzodiazepine	<input type="checkbox"/> External pacemaker	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Other Opiate/Narcotic	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Phenobarbital

Internet Explorer is required in order to save this information. Active Screen | Time of Leave Screen | Time

# Pre-Hospital Screen – Arrival Information (11)

### Arrival Information

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode
------------	----------------	---------	-------------------	------	---------------	-----------------------	----------------------	------	---------------------	----------------------------	----------------

No EMS Runs Have Been Entered

Run Number  EMS PCR Number  Service Favorites -- Select Service --

EMS Dispatch Date  \* Time  \* En Route Time  Arrival Time at Scene  \* Patient Contact Date  Time  Unit Departure Time  \* Unit Arrived Hospital Time

Triage Destination Protocol: -Select- Triage Criteria: -Select-  
Age 60  
Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

Transport Mode: Not Applicable \* Tube Thoracostomy: Not Applicable CPR Performed: Not Applicable Pre Hospital Cardiac Arrest: Not determined/Unknown  
Needle Thoracostomy: Not Applicable Airway Management: Not Performed Fluids: Not Applicable Destination Determination: Not Applicable  
EMS Status: Not Applicable Medications:

\* Please Click On To Add/Edit PreHospital Vitals  
\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Arrival Information (12)

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	En Route Time	Arrival Time at Scene	Patient Contact Date	Time	Unit Departure Time	Unit Arrived Hospital Time	Transport Mode	
											Not Applicable	
CPR Performed: Not Applicable			Airway Management: Not Performed			Tube Thoracostomy: Not Applicable			Needle Thoracostomy: Not Applicable			
Response Time: min.(s)			Scene Time: min.(s)			Transport Time: min.(s)			Destination Determination: Not Applicable			
Fluids: Not Applicable												
Medications:												
EMS Vitals Date	Glasgow Eye	Glasgow Verbal	Glasgow Motor	GCS Qualifier	BP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS

Run Number  EMS PCR Number  Service  Favorites -- Select Service --

EMS Dispatch Date  Time  En Route Time  Arrival Time at Scene  Patient Contact Date  Time  Unit Departure Time  Unit Arrived Hospital Time

Triage Destination Protocol:  Triage Criteria:

Transport Mode:  Tube Thoracostomy:  CPR Performed:  Pre Hospital Cardiac Arrest:

Needle Thoracostomy:  Airway Management:  Fluids:  Destination Determination:

EMS Status:  Medications:

\* Please Click On To Add/Edit PreHospital Vitals

# Pre-Hospital Screen – Vitals

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

- 
- 
- 
- 

Temperature  °C  °F \*

Sys. BP  \* Dia. BP

Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Vitals (2)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  ° C  ° F \*

Sys. BP  \* Dia. BP   
Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Vitals (3)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  °C  °F \*

Sys. BP  \* Dia. BP  Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Vitals (4)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  °C  °F \*

Sys. BP  \* Dia. BP   
Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Vitals (5)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  °C  °F \*

Sys. BP  \* Dia. BP  Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Vitals (6)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  ° C  ° F \*

Sys. BP  \* Dia. BP   
Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS



# Pre-Hospital Screen – Vitals (7)

State of Indiana [US] | <https://indianatrauma.isdh.in.gov/resource/assets/intranet/runform/runformtags/vitalsprehospital.cfm?appformid=26&formnam...>

EMS Vitals Date	Sys. BP	Pulse Rate	Resp. Rate	O2Sat	PTS	Temperature
No Vitals Have Been Entered						

EMS Vitals Date  Time

Glasgow Eye  \*

Glasgow Verbal  \* Patient's Age is over 2 yrs.

Glasgow Motor  \* Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3)

Temperature  °C  °F \*

Sys. BP  \* Dia. BP   
Pulse Rate  \* Resp. Rate  \* O2Sat  \*

Manual GCS  \*

Manual RTS  PTS

# Pre-Hospital Screen – Save & Continue

Amputation, proximal to wrist or ankle  
Burns > 10%, or face/airway/hand/feet/genitalia  
Ejection from vehicle

CPR Performed:

Pre Hospital Cardiac Arrest:

Fluids:

Destination Determination:

[/Edit PreHospital Vitals](#)  
ified Time, Arrive Scene Time or Leave Scene Time